

Plan Options	Commonwealth Standard PPO		Commonwealth Maximum Choice (not available to Retirees)		Commonwealth Capitol Choice		Commonwealth Optimum PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Health Reimbursement Account (HRA)</b>	Not Applicable		Single: \$1,000; Parent Plus: \$1,500; Couple \$1,500; Family \$2,000 Cross Ref. \$2,000		Not Applicable		Not Applicable	
<b>Up-Front Benefit Allowance</b>	Not Applicable		Not Applicable		\$500 per Family Member	Not Applicable	Not Applicable	
<b>Annual Deductible</b>	Single \$600 Family \$1,800	Single \$1,200 Family \$3,000	Single \$2,450 Family \$3,650	Single \$2,450 Family \$3,700	Single \$615 Family \$1,850	Single \$1,230 Family \$3,700	Single \$370 Family \$740	Single \$740 Family \$1,480
<b>Annual Out-of-Pocket Maximum</b>	Single \$3,000 Family \$6,000 Excludes prescription drug Co-Pays and all other Co-Pays	Single \$6,000 Family \$9,000	Single \$3,700 Family \$5,400 All covered expenses apply to the out-of-pocket maximum	Single \$4,945 Family \$7,400	Single \$2,470 Family \$7,400 Excludes prescription drug Co-Pays and all other Co-Pays	Single \$4,900 Family \$9,000	Single \$1,390 Family \$2,780 Excludes prescription drug Co-Pays and all other Co-Pays	Single \$2,780 Family \$5,550
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
<b>Co-Insurance</b>	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 90% Member: 10%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 85% Member: 15%	Plan: 70% Member: 30%
<b>Doctor's Office Visits</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Co-Pay: \$21 PCP; \$26 Specialist	Deductible then 40%*	Co-Pay: \$16 PCP; \$21 Specialist	Deductible then 30%*
<b>Physician Care</b> (Inpatient/ Outpatient/Other)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Diagnostic Tests In Doctor's Office</b> (Same Site/ Same Day as Office Visit)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Office Visit Co-Pay	Deductible then 40%*	Office Visit Co-Pay	Deductible then 30%*
<b>Other Laboratory</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	\$16 Co-Pay	Deductible then 30%*
<b>Inpatient Hospital</b> (Semi-Private Room)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$122 Co-Pay per Admission plus Deductible*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Outpatient Hospital/Surgery</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$61 Co-Pay plus Deductible*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Outpatient/ Ambulatory Surgery Center</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$61 Co-Pay	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
Wellness Benefit – Well Child and Well Adult Care								
<b>Routine Well Child</b> (0-18 Years Old)	Covered at 100%	Covered at 100%	Covered at 100%	Not Covered	\$16 Co-Pay	Deductible then 40%*	\$11 Co-Pay	Deductible then 30%*
<b>Routine Well Adult</b> (Over 18)	Covered at 100%	Covered at 100%	Covered at 100%	Not Covered	\$16 Co-Pay	Deductible then 40%*	\$11 Co-Pay	Deductible then 30%*
<b>ER Physician Care</b>	Deductible	Deductible	Deductible	Deductible	Deductible only	Deductible only	15%*	Deductible

	then 25%*	then 50%*	then 10%*	then 40%*				then 30%*
<b>Emergency Room</b> (Benefit for emergency medical treatment only)	\$50 Co-Pay then Deductible then 25%* Co-Pay waived if admitted	\$50 Co-Pay then Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$122 Co-Pay plus Deductible*	\$122 Co-Pay plus Deductible*	\$92 Co-Pay then 15%*	\$92 Co-Pay then Deductible then 30%*
<b>Ambulance</b>	Deductible then 25%*	Deductible then 25%*	Deductible then 10%*	Deductible then 10%*	Deductible then 20%*	Deductible then 20%*	Deductible then 15%*	Deductible then 15%*
<b>Urgent Care Center</b> (Facility)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$60 Co-Pay	Deductible then 40%*	\$21 Co-Pay	Deductible then 30%*
<b>Mental Health</b>	Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services.							
<b>Allergy Injections</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$11 Co-Pay	Deductible then 40%*	\$16 Co-Pay	Deductible then 30%*
<b>Maternity Care</b> (See SPD for Specifics)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$21 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%*	Deductible then 40%*	\$16 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 15%*	Deductible then 30%*
<b>Autism Service</b> (Payable based on services rendered)	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000		Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000		Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000		Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	
<b>Durable Medical Equipment</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Therapy Services</b> (Per Visit; Physical, Occupational, Speech)	Deductible then 25%* Maximum of 30 visits per calendar year, per therapy service type	Deductible then 50%*	Deductible then 10%* Maximum of 30 visits per calendar year, per therapy service type	Deductible then 40%*	Deductible then 20%* Maximum of 30 visits per calendar year, per therapy service type	Deductible then 40%*	Deductible then 15%* Maximum of 30 visits per calendar year, per therapy service type	Deductible then 30%*
<b>Chiropractic Care</b>	Deductible then 25%* Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 50%*	Deductible then 10%* Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 40%*	\$21 Co-Pay Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 40%*	\$16 Co-Pay Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 30%*
<b>Prescription Drugs</b>	<b>Administered by Express Scripts</b>							
<b>30-Day Supply</b>	25%							
Tier 1 - Generic	Min \$10 - Max \$25	Not Applicable	Each Tier: Deductible then 10%*	Each Tier: Deductible then 40%*	\$11 \$26** \$48**	Not Applicable	\$11 \$26** \$48**	Each Tier: 30%
Tier 2 - Formulary	Min \$20 - Max \$50							
Tier 3 - Non-Formulary	Min \$35 - Max \$100							
<b>90-Day Supply</b> (Retail or Mail Order)	25%							
Tier 1 - Generic	Min \$20 - Max \$50	Not Applicable	Each Tier: Deductible then 10%	Not Applicable	\$16 \$46 \$95	Not Applicable	\$16 \$46 \$95	Not Applicable
Tier 2 - Formulary	Min \$40 - Max \$100							
Tier 3 - Non Formulary	Min \$70 - Max \$200							

**Note:** The boxed areas of the grid are components of each plan most often used by members when making a plan choice, but are not all inclusive of plan options. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2013, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2013 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs. \* Applies to out-of-pocket maximum \*\*After the 75<sup>th</sup> prescription has been filled, excluding maintenance mail order/retail, the prescription drug Co-Pays will reduce to \$21 (2<sup>nd</sup> Tier) and \$37 (3<sup>rd</sup> Tier). Benefits are not provided for the use of an emergency room except for treatment of emergency medical conditions, emergency screening and stabilization.